

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
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TOTAL IND.							
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TOTAL CLAIMS							

  

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TOTAL IND.	6		10				
TOTAL DEP.	15						
TOTAL CLAIMS	21		10				

Best Available Copy